

Supplemental Application Data Sheet

Application Information

Application number::	10/799,941
Filing Date::	03/11/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1654
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	NOVEL MULTYPEPTIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS
Attorney Docket Number::	0019240.00477US2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Martha

Middle Name:: G.

Family Name:: WELCH

Name Suffix::

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 952 Fifth Avenue - 7C

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10025

Applicant Authority Type:: ~~Inventor~~

Primary Citizenship Country:: ~~US~~

Status:: ~~Full Capacity~~

Given Name:: ~~David~~

Middle Name:: ~~A.~~

Family Name:: ~~RUGGIERO~~

Name Suffix::

City of Residence:: ~~West Haven~~

State or Province of Residence:: ~~CT~~

Country of Residence:: ~~US~~

Street of mailing address:: ~~601 Washington Avenue~~

City of mailing address:: ~~West Haven~~

State or Province of mailing address:: ~~CT~~

Country of mailing address::

Postal or Zip Code of mailing address:: ~~06516~~

Applicant Authority Type:: ~~Inventor~~

Primary Citizenship Country:: ~~US~~

Status:: ~~Full Capacity~~

Given Name:: ~~Muhammad~~

Middle Name::

Family Name:: ANWAR

Name Suffix::

City of Residence:: Spring Valley

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 12 Sarah Dr.

City of mailing address:: Spring Valley

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10977

Correspondence Information

Correspondence Customer Number:: 56949

Representative Information

Representative Customer Number:: 56949

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/518389	11/06/03

Foreign Priority Information

Assignee Information

Assignee name:: THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Street of mailing address:: 412 Low Memorial Library
535 West 116th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10027

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature	/Julia A. Grimes/	Date	11/05/2010
Name (Print/Type)	Julia A. Grimes, Ph.D.	Registration No. (Attorney/Agent)	66,170